



Staff Approval Application

Submittal Requirements

Project Name: _____ City Staff Contact: _____

Project Address: _____

Zoning: _____ A.P.N.: _____ Quarter Section: _____ - _____

Associated References: Project Number: _____ -PA- _____ Plan Check Number _____ Case(s) _____

Request: _____

Is there an outstanding Code Enforcement citation or Notice of Compliance? ☐ Yes ☐ No If yes, provide a copy.

Owner: _____ Applicant: _____

Company: _____ Company: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

E-mail: _____ E-mail: _____

Address: _____ Address: _____

Submittal Requirements: Please submit 1 copy of materials requested below. All plans must be folded.

- | | |
|---|---|
| <input type="checkbox"/> Completed Application (this form) and Application Fee-- \$ (fee subject to change every July) | <input type="checkbox"/> Cross Sections- for all cuts and fills |
| <input type="checkbox"/> Context Aerial with site highlighted | <input type="checkbox"/> Floor Plan(s) of additions, alterations, or new structures. The floor plan shall be dimensioned and clearly delineate existing and proposed construction. |
| <input type="checkbox"/> Site Location Map | <input type="checkbox"/> Landscape Plan indicating location of existing and new plants, location and dimension of paving, a plant palette with names, symbols, sizes, spacing & quantities, and open space/landscaping calculations. |
| <input type="checkbox"/> Maricopa County Assessor's Parcel Map with site location highlighted | <input type="checkbox"/> Elevation Drawings or Color Photosimulations of new additions, buildings, or other changes with materials and colors noted and keyed to material samples. |
| <input type="checkbox"/> Narrative describing nature of request | <input type="checkbox"/> Material Samples- color chips, awning fabric, glazing, etc. |
| <input type="checkbox"/> Property Owner's Authorization, or signature below | <input type="checkbox"/> Conceptual Grading & Drainage Plan showing existing & proposed drainage flows, channels and retention. |
| <input type="checkbox"/> Homeowners/Property Owners Association Approval (if applicable). | <input type="checkbox"/> Copy of Liquor License Application (For all bars/restaurants/patios) |
| <input type="checkbox"/> Color Photographs of site- including all areas of change. | <input type="checkbox"/> Airport Vicinity Development Checklist- provided |
| <input type="checkbox"/> Site plan indicating extent and location of additions, buildings and other structures, indicate dimensions of existing and proposed structures, sidewalks, or driveways as well as any required setbacks. | <input type="checkbox"/> Current Title Report |
| <input type="checkbox"/> Lighting- provide cut sheets, details, photometric for any proposed lighting. | <input type="checkbox"/> Other: _____ |

Please Note: After staff review, it may be determined that this request requires approval by the Development Review Board through the public hearing process. If approved at staff level, this approval expires twelve (12) months from date of approval if a permit is required but has not been issued.

Signature _____

Circle One:

Applicant

Owner

Date _____

Official Use Only:

Submittal Date: _____

City Staff Signature: _____

Planning & Development Services Department

7447 E Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7800